



OFFICE OF DIANE TRAUTMAN
COUNTY CLERK, HARRIS COUNTY, TEXAS
INFORMATION AND PUBLIC SERVICE DEPARTMENT

FOR CUSTOMER USE ONLY (Please print or type)	
Name of Cardholder:	Date:
Address:	
City:	State: Zip:
Phone No.:	Fax No.:
Email Address:	
PLEASE PROVIDE REQUESTED PAYMENT INFORMATION	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Exp. <i>There is a 4% surcharge on all services requested by mail, email, phone or fax.</i>	
Card No. _____ - _____ - _____ - _____ Expiration Date: ____/____/____	
Card Code _____ Cardholder's Signature: _____	
<input type="checkbox"/> Frost Bank LegalEase Card No. 500679- _____ - _____ - _____	
Client No.: _____ Account Signature: _____	
PLEASE PROVIDE TYPE OF SERVICE REQUESTED	
<input type="checkbox"/> Certified Copy of document on file (certified copies cannot be faxed or emailed to customer)	
<input type="checkbox"/> Non-Certified Copy of document of file	
Copies delivered by: <input type="checkbox"/> Mail to address above <input type="checkbox"/> Fax to number above <input type="checkbox"/> Customer will pick up <input type="checkbox"/> Email to address above <i>* Some document(s) may exceed the outgoing email file size limitations</i>	
FOR COPY REQUEST - PROVIDE DOCUMENT *INFORMATION*	
* Document Type, Date of document, Names on document, File number or license number*	
For County Clerk Use Only:	Amount: \$ _____
Receipt # _____	Approval Code: _____
Requested by: <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> email	Entered by: _____